

VOHWINKEL & ASSOCIATES
RORY VOHWINKEL ESQ.
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(702) 735-1500
Nevada State Bar No. 8709
Attorney for the Debtor

UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF NEVADA

Re:) BANKRUPTCY NUMBER:
) BK-S-10-17758-LED
Andrew Brown (Deceased)) CHAPTER 13
)
)
Debtor(s).) DATE: N/A
) TIME: N/A

NOTICE OF SUGGESTION OF DEATH

TO: ALL INTERESTED PARTIES
TO: THE CLERK OF THE ABOVE-ENTITLED COURT

NOTICE IS HEREBY GIVEN that Rory Vohwinkel ESQ. , attorney
for the above mentioned Debtor Andrew Brown hereby enters into
this court a Suggestion of Death.

DATED this 14th day of September, 2015

VOHWINKEL & ASSOCIATES

By: /S/RORY VOHWINKEL ESQ.
RORY VOHWINKEL ESQ.
4000 S. Eastern Ave., Ste. 200
Las Vegas, NV 89119
Attorney for Debtor

STATE OF NEVADA
CERTIFICATION OF VITAL RECORDDEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2015010011

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATHCONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Andrew BROWN JR		2. DATE OF DEATH (Mo/Day/Year) June 04, 2015		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and St Rose Dominican Hospital Siena Campus		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Emergency Room / Outpatient	
5. RACE Black (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday 72	
9a. STATE OF BIRTH (If not U.S.A., Louisiana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Unknown/not Classifiable		14b. KIND OF BUSINESS OR INDUSTRY Telephone Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Andrew BROWN SR		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Olevia JOHNSON		18. INFORMANT- NAME (Type or Print) April BROWN	
18a. INFORMANT- NAME (Type or Print) April BROWN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 8550 Florin Road #30, Sacramento, California 95828		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Lone Tree Cemetery		19c. LOCATION City or Town State Hayward California	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRIS WALTERS		20b. FUNERAL DIRECTOR LICENSE NUMBER 64		20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SCOTT FERGUSON MD		21b. DATE SIGNED (Mo/Day/Yr) June 13, 2015		21c. HOUR OF DEATH 15:33	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
				22c. HOUR OF DEATH	
				22d. PRONOUNCED DEAD (Mo/Day/Yr)	
				22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) SCOTT FERGUSON MD 3001 St Rose Pkwy Henderson, NV 89052				23b. LICENSE NUMBER 12291	
24a. REGISTRAR (Signature) MARY WILSON		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 15, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Cardiopulmonary Arrest Unknown Etiology					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr) 9999		26c. HOUR OF INJURY 9999	
26a. INJURY AT WORK (Specify Yes or No)		26b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
				26d. DESCRIBE HOW INJURY OCCURRED	
				26e. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	

STATE REGISTRAR

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR
OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District
from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

B000141833 **AUG 20 2015**
DATE ISSUED:

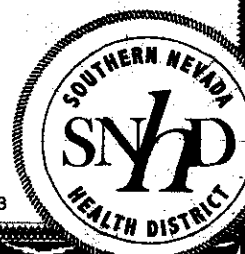
Registrar of Vital Statistics

By:

Amelia Thomas

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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